

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-8-03.

### I. DISPUTE

Whether there should be reimbursement for CPT codes 90900, 90906 and 90844.

### II. FINDINGS and RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
8-7-02 8-30-02	90900 (45 min)	\$90.00	\$0.00	F	\$2.00 / min	Rule 133.307(g)(3)(B)	On 7-30-02, Corvel gave preauthorization approval for 4 sessions of Individual Therapy.  The requestor did not submit medical records in accordance with Rule 133.307(g)(3)(B) to support fee dispute. Therefore, no reimbursement is recommended.
8-7-02 8-30-02	90906 (45 min)	\$90.00	\$0.00	F	\$2.00 / min		
8-30-02	90844	\$122.00	\$0.00	F	\$122.00		

### III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code(s), 90900, 90906 and 90844.

The above Findings and Decision is hereby issued this 30<sup>th</sup> day of December 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division